

07-17349

FILED
DECEMBER 26 2007
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
Northern District of California
450 Golden Gate Avenue
San Francisco, California 94102

www.cand.uscourts.gov

Richard W. Wieking
Clerk

General Court Number
415.522.2000

December 17, 2007

Clerk
U.S. Court of Appeals
For the Ninth Circuit
P.O. Box 193939
San Francisco, CA 94119-3939

CASE NUMBER: CV 07-05645 MJJ

CASE TITLE: JONATHAN LEE RICHES-v-AMERICAN CIVIL LIBERTIES

USCA Case Number:

Dear Sir/Madam:

Enclosed is the **Notice of Appeal and Certificate of Record** in the above captioned case. Please acknowledge receipt on the enclosed copy of this letter and return it to this office.

Sincerely,

RICHARD W. WIEKING, Clerk

by: Sheila Rausch
Case Systems Administrator

cc: Counsel of Record

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**
NOTICE OF APPEAL NOTIFICATION FORM
Please Fill Out Completely

December 17, 2007

CASE INFORMATION:

Short Case Title: JONATHAN LEE RICHES-v- AMERICAN CIVIL LIBERTIES UNION

Court of Appeals No. (leave blank if a unassigned)

U.S. District Court, Division & Judge Name: San Francisco division ~ Judge Martin J. Jenkins

Criminal and/or Civil Case No.: CV 07-05645 MJJ

Date Complaint/Indictment/Petition Filed: 11/07/07

DateAppealed order/judgment entered 11/28/07

Date NOA filed 12/11/07

Date(s) of Indictment	Plea Hearing	Sentencing
-----------------------	--------------	------------

COA Status (check one):	<input type="checkbox"/> granted in full (attach order)	<input type="checkbox"/> denied in full (send record)
	<input type="checkbox"/> granted in part (attach order)	<input type="checkbox"/> pending

Court Reporter(s) Name & Phone Number: n/a

Magistrate Judge's Order? If so, please attach.

FEE INFORMATION

Date Docket Fee Paid: _____ Date Docket Fee Billed: 12/11/07

Date FP granted: _____ Date FP denied: _____

Is FP pending? yes no Was FP limited ? Revoked ?

US Government Appeal? yes no

Companion Cases? Please list:

Please attach copy of any order granting, denying or revoking FP.

COUNSEL INFORMATION (Please include email address)

Appellate Counsel: _____ Appellee Counsel: _____

see docket sheet no appearance

retained CJA FPD Pro Se Other *Please attach appointment order.*

DEFENDANT INFORMATION

Prisoner ID: _____ Address: _____

Custody: _____

Bail: _____

AMENDED NOTIFICATION INFORMATION

Date Fees Paid: _____ 9th Circuit Docket Number: _____

Name & Phone Number of Person Completing this Form: Sheila Rash
(415) 522-2099